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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b>																																					
<p>See MPEP chapter 600 concerning utility patent application contents.</p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)  <small>(Submit an original and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.  <small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 18]  <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed Sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (<i>if filed</i>)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets 7]  <small>(for a continuation/divisional with Box 18 completed)</small></p> <p>5. Oath or Declaration [Total Pages 3]  <small>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</small>  <small>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))</small>  <small>(for a continuation/divisional with Box 18 completed)</small></p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(f)(2) and 1.33(b).</small></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>Attorney Docket No. 7784-000212</p> <p>First Inventor David S. Parkman et al.</p> <p>Title DISTRIBUTED DATABASE CONTROL FOR FAULT TOLERANT INITIALIZATION</p> <p>Express Mail Label No. EU62395065US</p>																																					
<b>ACCOMPANYING APPLICATIONS PARTS</b>																																							
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney  <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)  <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>																																							
<b>17. CORRESPONDENCE ADDRESS</b>																																							
<input type="checkbox"/> Customer Number or Bar Code Label <small>27572</small> <small>(Insert Customer No. or Attach bar code label here)</small>																																							
<small>or <input type="checkbox"/> Correspondence address below</small>																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6" style="padding: 2px;">Name Harness, Dickey &amp; Pierce, P.L.C.</td> </tr> <tr> <td colspan="6" style="padding: 2px;">Address P.O. Box 828</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City Bloomfield Hills</td> <td style="padding: 2px;">State MI</td> <td style="padding: 2px;">Zip Code 48303</td> <td colspan="2"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Country United States of America</td> <td style="padding: 2px;">Telephone 248-641-1600</td> <td style="padding: 2px;">Fax 248-641-0270</td> <td colspan="2"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Name (Print/Type) Michael D. Wiggins</td> <td colspan="2" style="padding: 2px;">Registration No. (Attorney/Agent) 34,754</td> <td colspan="2"></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Signature </td> <td colspan="2" style="padding: 2px;">Date 1/22/02</td> <td colspan="2"></td> </tr> </table>				Name Harness, Dickey & Pierce, P.L.C.						Address P.O. Box 828						City Bloomfield Hills		State MI	Zip Code 48303			Country United States of America		Telephone 248-641-1600	Fax 248-641-0270			Name (Print/Type) Michael D. Wiggins		Registration No. (Attorney/Agent) 34,754				Signature		Date 1/22/02			
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**FEE TRANSMITTAL  
for FY 2002**

*Patent fees are subject to annual revision.*

**TOTAL AMOUNT OF PAYMENT** (\$) **798**

Approved for use through 10/31/2002. OMB 0551-0032

Complete If Known	
Application Number	To Be Assigned
Filing Date	To Be Assigned
First Named Inventor	David S. Parkman et al.
Examiner Name	To Be Assigned
Group / Art Unit	To Be Assigned
Attorney Docket No.	7784-000212 (01-034 (008746))

METHOD OF PAYMENT (check all that apply)						FEE CALCULATION (continued)				
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None						
<input type="checkbox"/> Deposit Account:										
Deposit Account Number	08-0750									
Deposit Account Name	Hansen, Dickey & Pierce, P.L.C.									
The Commissioner is authorized to: (check all that apply)										
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Credit any overpayments									
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application										
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.										
FEE CALCULATION										
1. BASIC FILING FEE										
Large Entity	Small Entity				Fee Paid					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description						
101	740	201	370	Utility filing fee	740					
106	330	205	165	Design filing fee						
107	510	207	255	Plant filing fee						
108	740	208	370	Reissue filing fee						
114	160	214	80	Provisional filing fee						
SUBTOTAL (1)					(5) 740					
2. EXTRA CLAIM FEES										
			Extra Claims	Fee from below	Fee Paid					
Total Claims	21	-20 **	= 1	X 18	= 18					
Independent Claims	2	-3 **	= 0	X 84	= 0					
Multiple Dependent				X [ ]	= 0					
Large Entity	Small Entity				Fee Paid					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description						
103	18	203	9	Claims in excess of 20						
102	84	202	42	Independent claims in excess of 3						
104	280	204	140	Multiple dependent claim, if not paid						
109	84	206	42	** Reissue independent claims over original patent						
110	18	210	9	** Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2)					(5) 18					
Other fee (specify) _____										
*Reduced by Basic Filing Fee Paid										
					SUBTOTAL (3)	(5) 40				

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Michael D. Wiggins	Registration No. Attorney/Agent)	34,754	Telephone (248) 641-1600
Signature			Date	1/22/02

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